**Distribution Contractor PSSP**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | |  |  |  |  |  |  | | --- | --- | |  | Company Logo Here Additional Company Logo | | Project Name |  | | Circuit |  | | Address |  | | Job Number |  | | CWA Number |  | | Est. Start Date | Click here to enter a date. |   **VERSION CONTROL**   |  |  |  | | --- | --- | --- | | Contractor | Date Submitted by Contractor to Mailbox: | Click here to enter a date. | | PG&E | Date of PG&E Contractor Safety Acceptance: | Click here to enter a date. | | Contractor | Date of Kick-off (In-Construction): |  | | Contractor | Date of Project Completion (Post-Construction): |  | |

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# 1.0 General Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Scope Summary (Be as specific as possible):** | | | | |
| **Project Purpose:** | | | | |
|  | | **Name(s)** | **Email** | **Contact #** |
| **PG&E Contacts** | **Project Manager** |  |  |  |
| **Work Supervisor(s)** |  |  |  |
|  |  |  |
| **Lead Inspector(s)** |  |  |  |
|  |  |  |
| **PG&E Site Rep(s)/ Inspector(s)** |  |  |  |
|  |  |  |
| **Field Safety Specialist** |  |  |  |
| **Risk Assessment Author** |  |  |  |
| **Environmental Specialist** |  |  |  |
| **Contractor Contacts** | **PSSP Author** |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **Safety Professional** |  |  |  |
| **811 After Hours** (click <http://usanorth811.org/utility-operators/>  scroll down and click **View Emergency Phone Numbers**) | |  |  |
|  |  |
| **Staffing Plan for Safety Professionals** (work history, training, qualification, etc.): | | | |

# 2.0 Emergency Action Plan

*Purpose:* The following information shall be utilized to ensure effective and swift response to all emergencies. Please verify that location is still open and it’s the closest to job sit)

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinic (First Aid)** | | **Clinic 2 (Drug Testing)** | |
| Name: **\*** |  | Name: **\*** |  |
| Address: **\*** |  | Address: **\*** |  |
| Phone #: **\*** |  | Phone #: **\*** |  |
| Hours of Service: **\*** |  | Hours of Service: **\*** |  |
|  | | | |
| **Hospital** | | **Ambulance** | |
| Name: **\*** |  | Name: **\*** |  |
| Address: |  | Address: |  |
| Phone #: **\*** |  | Phone #: **\*** |  |
| Hours of Service: |  | Hours of Service: |  |
|  | | | |
| **Police/Sheriff** | | **Fire Department** | |
| Name: **\*** |  | Name: **\*** |  |
| Address: |  | Address: |  |
| Phone #: **\*** |  | Phone #: **\*** |  |
| Hours of Service: |  | Hours of Service: |  |

|  |  |
| --- | --- |
| **First Aid Kit Location(s) \*** |  |
| **AED Location(s) \*** |  |
| **Fire Extinguisher Location(s) \*** |  |
| **SDS Location(s) \*** |  |
| **CPR Certified (who?) \*** |  |

**(\*) Denotes Required Field**

**Map View of Evacuation Plan – Print and Post**

*Show a map of the location with both primary and secondary meeting locations identified. Also, show map with directions to the emergency center identified on page 4.*

**

**Map of A and B Meeting Location**

|  |  |
| --- | --- |
| **Meeting Location A – please indicate on map (Primary)** | **Meeting Location B – please indicate on map (Secondary)** |
|  |  |

**Map View of Evacuation to Nearest Medical Facility – Print and Post**

*Show map with directions to the emergency center identified on page 6.*

|  |  |
| --- | --- |
| **Directions to Medical Facility** | **Map to Medical Facility** |
|  |  |

# 3.0 Risk Assessment and Hazard Identification

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Check the ✓ if this hazard is present and then describe the hazard under “Hazard Description”. The Contractor shall complete the “Contractor’s Mitigation Plan”. The Risk Assessment is meant to cover the hazards and mitigations for all contractors working on this project.  **Environmental Hazards**   |  |  |  |  | | --- | --- | --- | --- | | **✓** | **Category** | **Hazard Description** | **Contractor’s Mitigation Plan** | |  | Animal Risks |  |  | |  | Poison Oak/Plants |  |  | |  | Insects |  |  | |  | Dust |  |  | |  | Silica |  |  | |  | Lead |  |  | |  | Asbestos |  |  | |  | Hazardous Soil |  |  | |  | Chemicals/Compounds |  |  | |  | Spills |  |  | |  | Other |  |  | |  | Other |  |  | |  | Other |  |  | |  | Other |  |  | |

|  |
| --- |
| **Physical Hazards** |

|  |  |  |  |
| --- | --- | --- | --- |
| ***✓*** | **Category** | **Hazard Description** | **Contractor’s Mitigation Plan** |
|  | Access Issues |  |  |
|  | Neighboring Facilities/Homeowner Issues |  |  |
|  | No Phone Access or Poor Cell Reception |  |  |
|  | Night Operations |  |  |
|  | Weather (Hot and Cold) |  |  |
|  | Noise Exposure (From Equipment) |  |  |
|  | Vehicles/Equipment (Driving, Backing, and Working on or Around) |  |  |
|  | Traffic Control |  |  |
|  | Bridges (height, weight restrictions) |  |  |
|  | Trenching/Excavation |  |  |
|  | Confined Space |  |  |
|  | Ergonomic Issues |  |  |
|  | Terrain |  |  |
|  | Suspended Loads/Rigging |  |  |
|  | Elevated Work (Working at Heights or Near Excavation) |  |  |
|  | Helicopter Work |  |  |
|  | Fire (Wildland, Forest Service land, hotwork including cutting, welding, grinding) |  |  |
|  | Working in Close Proximity to High Voltage |  |  |
|  | Energized Work (Live Line and Rubber Goods) |  |  |
|  | PPE |  |  |
|  | Hot Crossings |  |  |
|  | Compromised Structure (Conductor, Pole, OB Insulators) |  |  |
|  | Work requires use of Protective Grounds |  |  |
|  | RF/Microwave Antenna |  |  |
|  | Other |  |  |
|  | Other |  |  |

# 3.1 Cranes No Crane Anticipated

|  |
| --- |
|  |
| Expected Crane Size > 90-ton capacity? Yes  No  *If Yes, 4 x 6 mats or trench plates required.*  IF expected crane size is larger than 90 tons:  Crane company must prepare a lift plan for review by PG&E.  Lift plan must include the following minimum requirements:   * Make/Model of crane * Total load weight & lifting/slinging points * Lift Radius and the total boom height * Isometric diagram & load chart * DOSH required annual/quadrennial inspection   Name of Certified Operator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NCCCO Certification expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Certified Operator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NCCCO Certification expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Certified Operator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NCCCO Certification expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If additional certified operatiors, please list them below.* |

|  |
| --- |
| Critical Lift\*?  Yes  No  *\*A critical lift: (1) exceeds 75 percent of the rated capacity of the crane or derrick, or (2) requires the use of more than one crane or derrick.*  IF critical lift, the following are required: |
| * Lift plan * Calculations * Soil bearing pressure (PSF for limited duration) * Proof and load tests (slings, shackles, jacks, lifting beams / apparatus and cranes) * Job Safety Analysis (JSA) * Specially designed lifting devices shall be stamped by a professional engineer licensed in California * Plan View / Elevation View and Rigging and Tailing Hookups schematics |

|  |  |  |  |
| --- | --- | --- | --- |
| ***✓*** | **Category** | **Hazard Description** | **Contractor’s Mitigation Plan** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cranes |  |  |

*\*Operator’s name and certification expiration date can be added as needed during construction. Additional requirements, such as lift plans, must be submitted for review prior to beginning crane work.*

# 4.0 Certifications and Licenses

I certify that all contract employees covered under this PSSP on PG&E property are trained and qualified to perform the task(s) they have been assigned. **(This must be signed at the kickoff by the Contractor)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contractor Site Representative Signature

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **✓** | **Contract Employee Name(s)**  *(If all, type ALL in the space below)* | **Expiration Date** |
| Field Safety Orientation |  |  |  |
| HAZWOPR |  |  |  |
| Forklift |  |  |  |
| Asbestos Class III Maintenance Worker |  |  |  |
| Powder Actuated Tools Certification |  |  |  |
| Respiratory Protection |  |  |  |
| Commercial Diving Certification |  |  |  |
| Helicopter Pilots License |  |  |  |
| Class A Commercial License |  |  |  |
| Helicopter Basic Safety Training |  |  |  |
| Other |  |  |  |

# 5.0 Managing Subcontractors No Subcontractors Anticipated

The prime contractor must ensure that all subcontractors have an accepted hard copy of the PSSP on site at all time as subcontractor work is also covered in the PSSP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subcontractor Name** | **Subcontractor Scope** | **ISN ID #** | **Subcontractor Contact Name** | **Subcontractor Contact Phone** |
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# 6.0 Accident/Incident Reporting Protocol

**PG&E Requirements**

Contractors shall notify the PG&E Representative of any incidents that may occur while on PG&E property **immediately (or as soon as safely possible)**. Incident types include:

* + - Injury/illness to Contractor’s employee or to the public (Serious Injury/Fatality (SIF) Incidents or incidents with SIF-Potential will be treated with highest priority)
    - Motor Vehicle Incident
    - Property/Equipment Damage
    - Work Procedure Error (and whether an outage was caused)
    - Dig-In (whether at-fault or not-at-fault)
    - Near Hits/Good Catches
* **Reporting Process When an Other Reportable Incident Occurs:**
  + **Contractor** notifies Electric Distribution incident team by email immediately: [EDContractorIncidentReporting@pge.com](mailto:EDContractorIncidentReporting@pge.com)
  + **PG&E** follows up with Contractor regarding initial details of the incident through notification follow-up process
* **Reporting Process When a SIF Event Occurs:**
  + **Contractor** calls 911 immediately
  + **Contractor** notifies Electric Distribution incident team by email immediately: [EDContractorIncidentReporting@pge.com](mailto:EDContractorIncidentReporting@pge.com)
  + **PG&E** LOB notifies Corp Safety by calling 415-973-8700, Option #1
* **OSHA Reporting Required:** <https://www.osha.gov/report.html>
  + Call the nearest [OSHA office](https://www.osha.gov/html/RAmap.html)
  + Call the OSHA 24-hour hotline at [1-800-321-6742](tel:1-800-321-6742) (OSHA)
  + [Report online](https://www.osha.gov/pls/ser/serform.html)
  + Be prepared to supply: Business name; names of employees affected; location and time of the incident, brief description of the incident; contact person and phone number.
  + Fatalities must be reported within 8 hours; Hospitalizations must be reported within 24 hours

An initial incident notification is due within 2 hours of the incident. A premilinary Causal Evaluation (CE) investigation is due within 72 hours of the incident. For SIF and SIF-Potential Incidents, the Distribution Safety Supervisor will assist with the investigation and ensure any written incident reports meet PG&E’s Causal Evaluation Standard.

**Contractor’s Requirements**

# 7.0 Site Orientation Page - Contractors

All site personnel, including subcontractors, are required to be introduced and instructed on the content and hazard mitigation measures included in this PSSP prior to beginning work on the project. This section of the PSSP shall be used to document employees who have completed a review of this PSSP including their name, signature, classification, company name and date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Signature** | **Classification** | **Company Name** | **Date** |
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# 7.0 Site Orientation Page – Contractors (Page 2 of 3)

All site personnel, including subcontractors, are required to be introduced and instructed on the content and hazard mitigation measures included in this PSSP prior to beginning work on the project. This section of the PSSP shall be used to document employees who have completed a review of this PSSP including their name, signature, classification, company name and date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Signature** | **Classification** | **Company Name** | **Date** |
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# 7.0 Site Orientation Page – Contractors (Page 3 of 3)

All site personnel, including subcontractors, are required to be introduced and instructed on the content and hazard mitigation measures included in this PSSP prior to beginning work on the project. This section of the PSSP shall be used to document employees who have completed a review of this PSSP including their name, signature, classification, company name and date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Signature** | **Classification** | **Company Name** | **Date** |
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# 8.0 Site Orientation Page – PG&E

PG&E Employees and representatives of PG&E shall use this page to indicate that an orientation to this PSSP has been completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Signature** | **Position** | **Company Name** | **Date** |
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# 9.0 Change Log

Indicate changes made on the PSSP in the table below. For each date a change is made, an additional section 9.0 will need to be completed and shall be added as an additional page to the overall PSSP. Multiple changes may be required for each date, *which is why multiple lines have been provided.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Reason for Change** | **Change Description** | **Section(s) Changed** | **PG&E Representative Who Accepted Change** |
|  |  |  |  |  |
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|  |  |  |  |

Once the crew has reviewed the changes above, please have them sign below indicating they understand the change.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Signature** | **Classification** | **Company Name** | **Date Reviewed Change** |
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# 9.0 (Page 2 of 3) Change Log – Continued (Additional Page as Needed)

Indicate changes made on the PSSP in the table below. For each date a change is made, an additional section 9.0 will need to be completed and shall be added as an additional page to the overall PSSP. Multiple changes may be required for each date, which is why multiple lines have been provided.

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| --- | --- | --- | --- | --- |
| **Date** | **Reason for Change** | **Change Description** | **Section(s) Changed** | **PG&E Representative Who Accepted Change** |
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Once the crew has reviewed the changes above, please have them sign below indicating they understand the change.

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| **Name** | **Signature** | **Classification** | **Company Name** | **Date Reviewed Change** |
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# 9.0 (Page 3 of 3) Change Log – Continued (Additional Page if Needed)

Indicate changes made on the PSSP in the table below. For each date a change is made, an additional section 9.0 will need to be completed and shall be added as an additional page to the overall PSSP. Multiple changes may be required for each date, which is why multiple lines have been provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Reason for Change** | **Change Description** | **Section(s) Changed** | **PG&E Representative Who Accepted Change** |
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Once the crew has reviewed the changes above, please have them sign below indicating they understand the change.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Signature** | **Classification** | **Company Name** | **Date Reviewed Change** |
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